2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2005 08:00 AM DOCUMENT # P03000154977 **Secretary of State** 1. Entry Name BLACKBURN SERVICES, INC. Principal Place of Business Mailing Address 5843 MARVIN'S PL 5843 MARVIN'S PL GROVLAND, FL 34736 GROVLAND, FL 34736 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1983213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BLACKBURN, JEANETTE J DO NOT WRITE 5843 MARVIN'S PL GROVLAND, FL 34736 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BLACKBURN, JAMES W NAME U00000269944 STREET ADDRESS 5843 MARVINS PL 03/19/05-80031-015 150.00 CITY-ST-ZIP GROVELAND, FL 34736 TITLE BLACKBURN, JEANETTE J NAME STREET ADDRESS 5843 MARVINS PL GROVELAND, FL 34736 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS